

# IN-HOME SUPPORTIVE SERVICES (IHSS) PROGRAM NOTICE TO RECIPIENT OF MEDICAL CERTIFICATION REQUIREMENT

COUNTY OF: \_\_\_\_\_

(ADDRESSEE)

Notice Date: \_\_\_\_\_

IHSS Office Address: \_\_\_\_\_

IHSS Office Telephone Number: \_\_\_\_\_

Social Worker Name: \_\_\_\_\_

Due By: \_\_\_\_\_

To: In-Home Supportive Services (IHSS) Recipient

There has been a change in state law\* that requires each person getting IHSS to provide a medical certification from a licensed health care professional (LHCP) to continue to get IHSS.

The certification must be completed by a LHCP, such as a physician (doctor), physician assistant, regional center clinician or clinical supervisor, occupational therapist, physical therapist, psychiatrist, psychologist, optometrist, ophthalmologist, public health nurse, etc.

The certification must state that you are not able to do some activities of daily living (ADLs) on your own and that without help to do these activities you would be at risk of placement in out-of-home care.

Basic ADLs are: eating, bathing, dressing, using the toilet, walking, and getting out of bed or a chair. Other ADLs are: housekeeping, preparing meals, shopping for food or other necessities, taking medication, etc.

Attached is a blank copy of the Medical Certification Form (SOC 873) that you can give to your LHCP to complete. If you want, the county can send it to the LHCP for you but you will have to give the county the LHCP's name and address.

Whether you give the Medical Certification Form to the LHCP yourself or the county sends it for you, you are responsible for making sure it is completed and returned to the county within 45 days following your reassessment. If the county does not receive the Medical Certification Form by the 35th day, a notice will be sent informing you that your IHSS will stop, unless you had previously contacted the county and were given more time to submit the form.

The county may accept an alternate document in place of the Medical Certification Form as long as it meets all of the following requirements:

1. Indicates that you are not able to do one or more ADLs on your own,
2. Describes the medical or other condition that makes you unable to do ADLs on your own and causes you to need IHSS, and
3. Has been signed by a LHCP.

**If the county does not receive the completed Medical Certification Form or alternate document within 45 days following your reassessment, your IHSS may stop. As with any county action taken on your case, you may request a state hearing if you do not agree with the county's decision.**

If you are not able to get the medical certification from your LHCP within 45 days, call your social worker at the number listed above, as soon as possible.

\*Welfare and Institutions Code section 12309.1